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Cancer Studies Expanded to Include Prevention

By Douglas J. Gillert American Forces Press Service

TRICARE-eligible cancer patients since 1996 have been eligible to take part in experimental treatment programs sponsored by the National Cancer Institute (NCI) at more than 2,000 locations. This summer, that agreement will expand to include cancer prevention clinical trials.

The DoD/NCI Cancer Treatment Clinical Trials Demonstration allows TRICARE beneficiaries to participate in the latest cancer treatment studies as part of their standard health care benefits. The current agreement gives them access to the can-

cer institute's Phase II and Phase III cancer treatment trials. Phase II trials provide preliminary information about how well a new drug or therapy works on a particular type of cancer. Phase III trials compare promising new treatments against standard treatments.

As it was first in coverage of cancer treatment clinical trials, DoD will become the first payer in the nation to cover the costs of cancer prevention clinical trials. The plan covers costs for screening tests to determine clinical eligibility and all cancer treatments cov-

ered under the demonstration project.

The prevention trials may be of interest to high-risk patients such as those with a family history of cancer or who've had cancer before, said Air Force Lt. Col. Kathy Larkin, a senior health policy analyst for the TRI-**CARE Management** Activity here. The treatment trials may be a real option for patients when standard treatments have failed or none exists, for instance for certain brain tumors, she said.

Larkin suggested those interested in join-

(Continued on page 4)

Inside this issue:

Cancer Studies Expanded to Include Prevention	1,4
Harping About Health	1,3
Groundbreaking Held for McChord's "Crystal Pal- ace"	2
Regional Conference Up- coming	2,3
Active Duty Walk-in Clinic Closes	4
Inside Story	5
Inside Story	6



Harping About Health by Chris Hober, TRICARE Northwest

Barring accidents, there is a great likelihood that most of us will someday die of one of two causes: things we did to ourselves or things we inherited genetically. With this fact in mind, military health care administrators have been trying for some time to develop methods to identify those risks in individuals and act upon them. The Health Assessment Review Program

(HARP), developed at Naval Hospital Oak Harbor, is the most recent culmination of those efforts.

Soon after TRICARE was introduced to the Pacific Northwest, TRI-

CARE Prime enrollees were asked to fill out the Health Enrollment Assessment Review (HEAR) Survey. This tool helps TRICARE primary care managers

(Continued on page 3)

Groundbreaking Held for McChord's "Crystal Palace"

McChord Air Force Base took a giant step toward an improved patient care facility June 2, as ground was broke for a new two-story clinic located on A Street.

Dubbed the "Crystal Palace" from the glass that will dominate the structural exterior, the new clinic will consolidate the functions currently being performed in 13 separate buildings into one structure. 62nd Airlift Wing Commander Col. Raymond E. Johns Jr. noted that fact during his remarks, "Each year we have about 50,000 patients going through about fourteen doors; when this clinic is com-

pleted they will go through one

front door to get their care."

Air Mobility Command Surgeon General Brig. Gen. Lee P. Rodgers and 62nd Medical Group Commander Col. Thomas A. Vann also addressed the approxi-



mately 300 people on hand to witness the groundbreaking ceremony. They were joined by Colonel James Rigsby, Commander, Seattle District Corps of Engineers and Mr. Rollie Hunt, President, Strand Hunt Construction in actually breaking ground on the new clinic.

The two-story structure will include an elevator, an improved reception area, bigger waiting rooms, and some improvements such as locker rooms, showers and staff lounges that are unavailable in the current clinic. All told, the new clinic will add 38,341 square feet of space and include new, state-of -the-art equipment. It is expected to take from 18 to

24 months to complete. The \$13.5 Million contract was awarded to Strand Hunt Con

(Continued on page 4)

Regional Conference Upcoming By Chris Hober, TRICARE Northwest

Whether you are a clinician, an administrator, a community health nurse or an information management officer, the upcoming 5th Annual TRICARE Northwest Regional Conference promises to offer something for you. Registration is now being accepted for the Aug. 17-20 event at the Tacoma Sheraton Hotel.

Appropriately entitled "Into the Millennium," the conference will kick off aptly with "The MHS in the 21st Century" by TRICARE Management Activity CEO RADM Thomas Carrato. The opening day plenary session activities will also be highlighted by an address on "Health Promotion and Disease Prevention in

Managed Care Organizations -Opportunities and Barriers," by the Director for the Center for Health Management Studies, University of California at Berkeley, Tom Rundall, Ph.D.

Following a re-visitation to "Re-engineering the MHS" by Col. Michael Parkinson of the

(Continued on page 3)

Page 2 Volume 1, Issue 10

Regional Conference, Contd.

(Continued from page 2)

USAF Surgeon General Office, day two of the conference will break out into clinical, managed care operations, and information management & data quality tracks. For your convenience, a fourth track will repeat some of the presentations from the other three tracks. Track topics will include population health management, prevention and health promotion, practice guidelines,

resource sharing, the next generation of TRICARE contracts, resource management, data quality, CHCS/DEERS data reconciliation, and practical applications of CEIS, among others.

Day three will be spent at the Microsoft Campus in Redmond, where attendees will learn about the latest Microsoft computer applications to healthcare practice and administration. Tours of the Microsoft campus and visits

to the MS Store and Museum are also be part of the schedule. Only those who have attended the previous two days will be eligible to attend the "Day at Microsoft".

To register, go to the TRI-CARE Northwest Web Page at tricarenw.mamc.amedd.army.mil and click the link to "conference registration". Conference coordinator is Michael K. Petty, 253-968-3424.

Harping About Health, contd.

(Continued from page 1)

(PCMs) to learn about the history and health risk factors for each of their patients in order to improve the quality of their care and treatment. Those at risk for an inherited disease such as Diabetes would be identified, for example, so tests could be conducted routinely to identify diseases while they can still be effectively treated

That worked well for individual care, but a tool was needed to store, organize and feed back the data as usable information. "You cannot do population health management without aggregating the health data," explained LTC Helena Montano, Chief of Quality Management and Health Promotion for the TRICARE Northwest Office of the Lead Agent.

"Proactive delivery of preven-

tive services is the foundation for improving population health. The HARP allows us to look at HEAR data for a particular segment of the TRICARE Prime population in any area of the region and evaluate that group's health status," she explained. "This not only affords us the opportunity to plan and adjust our primary prevention efforts to meet the ever-changing needs of a dynamic population, it gives us information with which to assess our progress in doing so." Accordingly, a regional health report card can be developed using the HARP. "This will give us some indication of how well our efforts in Putting Prevention Into Practice are paying off." While Montano acknowledged that a drawback to the HEAR survey is

that the

information is self-reported, she added that an accurate picture of the patient's total health status can be obtained by combining the HEAR information with the clinical data. She believes that the HARP will eventually prove the worth of the HEAR.

If you would like to see the HARP in action, the program is as close as your computer. Simply go the TRICARE Northwest Web Page and select the Regional Population Health Report. There you will find reports on risk factors such as smoking, obesity and physical activity and on prevention screenings for women's wellness.

Point of contact regarding the HARP is LTC Montano at (253) 968-1556 or DSN 782-1556.

Groundbreaking Cere-

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Continued from page 2)

struction on May 13.

A new clinic has long been planned for the airbase. Accordingly, some of those who were instrumental in the planning and design of the new facility returned to the air base to witness the fruits of their labors. Former 62nd Medical Group Commander Col. (ret.) Steve Sem was among them. "I had to be here for this," he remarked. "You work so hard to prepare for construction, and then move on and never get to see the project through to completion. This is going to be a wonderful clinic for the McChord community. I'm both happy and proud to have helped in its development."



AD Walk-in Clinic Closes

The Madigan Army Medical Center Dermatology Active Duty Walk-in Clinic will cease operation on June 1, due to staffing shortages. Active duty servicemembers who require follow-up care for persistent conditions may still make dermatology appointments by calling the TRICARE Appointment Center (TRAC) at 1-800-404-4506.

Active duty servicemembers who have been treated for warts may likewise request a follow-up appointment with the Dermatology Wart Clinic by calling the TRAC. All other active duty Dermatology appointments will require a referral from a primary care manager (PCM), who must first evaluate whether the problem can be treated without specialty care assistance.

Cancer Studies, contd.



(Continued from page 1)

ing a preventive or treatment trial consult with their doctors, because research needs are usually specific and prone to change. Patients, family members and others can access general information on cancer and clinical trials or obtain an authorization to enroll patients in a trial by calling 1-800-779-3060. Usual TRICARE rules, cost shares and deductibles apply, and eligible patients may

receive

care outside the TRICARE net-

Active duty families and TRI-CARE-eligible retirees and their families can participate in the clinical trials in military and civilian clinics and hospitals that provide cancer treatment. Active duty service members should contact their primary care manager to discuss participation in clinical trials.

DoD health administration records show that only 155 TRI-CARE-eligible beneficiaries had signed up for the trials as of August 1998. Although the number is low, Larkin said, it's important to keep military health care beneficiaries informed of all treatment options open to them. "Our goal is to inform our bene-

ficiaries that they have the choice of this cancer treatment program," she noted.

To this end, TRICARE posts a great deal of information about the cancer trials on the Military Health System Web site www. tricare.osd.mil/cancertrials/

Information also is available by calling the cancer trials demonstration coordinator toll-free at (800) 779-3060 and the Cancer Information Service at (800) 4-CANCER (422-6237).

